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To:	Examiner Jackson	From:	Chad Soliz
Fax:	571-273-7890	Pages:	7 (including cover sheet)
Phone:	571-272-7890	Date:	February 14, 2006
Re:	10/038,939	CC:	

☒ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

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Examiner Jackson,

Please see the attached copies of originally filed revocation of power of attorney and appointment of new power of attorney. I have signed this copy per your instructions indicating the correct customer number.

Please expedite the entry of the correct customer number for my firm and forward the latest Office Action with a reset of the statutory period.

Please confirm - Thank you!

Law Office of Chad C. Soliz, LLC

Customer No. 28786

Chad Soliz

Reg. No. 47,101

2007/01/27 15:10 FAX 1 970 461 9376

Law Office of Chad Soliz

002

PTO/SB/82 (09-04)
Approved for use through 11/30/2005. OMB 0651-0015
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/038,838
	Filing Date	January 4, 2002
	First Named Inventor	Robert M. Fitzgerald
	Art Unit	2685
	Examiner Name	Jackson
	Attorney Docket Number	10105.002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28786

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 28786

OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Telephone

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to be funded by the USPTO to process an application. Confidentiality is assured by 35 U.S.C. 122 and 37 CFR 1.11 and 1.16. This collection is estimated to take 3 minutes to complete. Including gathering, preparing, and submitting the information to the USPTO. There will vary depending upon the individual case. Any comments on the revision of this form should be submitted to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. RETURN TO: Communications for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.)

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Express Mail No.:EV379722252US

Attorney Docket: 10105.002

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

In Re the Application of: Robert M. Fitzgerald
Application No.: 10/038,939
Filing Date: January 4, 2002
Title: CORDLESS TELEPHONE HEADSET SYSTEM
Assignee: Fitzcom, Inc.

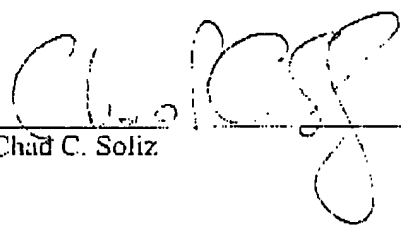
CERTIFICATE OF EXPRESS MAILING

I, Chad C. Soliz, hereby certify to the truth of the following items:

1. I am an employee, agent or member of the Law Office of Chad C. Soliz, L.L.C. 1401 South Tall Avenue, Suite 202, Loveland, Colorado, 80537.

2. I have this day deposited the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 pages) (PTO/SB/82 (09-04))with the United States Postal Service as Express Mail, postage prepaid, for mailing to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated this 14 day of October, 2004.


Chad C. Soliz